

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022293

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

68
FILED JUL 6 1962

Primary Registration District No.

5267

Registrar's No.

30

VS 300
Rev. 4/59

10220

20220

3

4 0

5 2

6

7 0

8 2

9331X

10

11

12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Christian

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN North Galloway Township

Length of stay in 1b
37 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home of Elmer Kindrick

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Christian

c. CITY OR TOWN

Ozark, Route #1

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)
2 1/2 Miles North of Highlandville

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Thomas

Middle

Richard

Last

Kindrick

4. DATE OF DEATH

Month

Day

Year

June 22, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/27/1871

9. AGE (last birthday)

90

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Dairy & Stockman

11. BIRTHPLACE (City and state or country)

Grove Spring, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph B. Kindrick

13b. MOTHER'S MAIDEN NAME

Minerva Jane Watson

14. NAME OF HUSBAND OR WIFE

1. Mary Jane Johnson

2. Mrs. Ethel Hoan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Elmer Kindrick, Rt. #1, Ozark, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

medullary failure

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral thrombosis

2 days

DUE TO (c)

arteriosclerosis

many years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1949 to 6-22-62 and last saw her alive on 6-20-62

Death occurred at 10:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold Shaffer DO

22b. ADDRESS

Nixa, Mo.

22c. DATE SIGNED

6-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 25, 1962

23c. NAME OF CEMETERY OR CREMATORY

Prospect Cemetery

23d. LOCATION (City, town, or county)

Niarqua, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. Lee Harris,

Clever, Mo.

25. DATE RECD. BY LOCAL REG.

6-30-1962

26. REGISTRAR'S SIGNATURE

Mary Kaufman

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained, June 22, 1962. M. R.